2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000073797

1. Entity Name
PALM BEACH ANESTHESIA PARTNERS, INC.

Principal Place of Business	Mailing Address
4362 NORTHLAKE BLVD., STE. 207 PALM BEACH GARDENS, FL 33410	C/O TEAM HEALTH ANESTHESIA MGMT.SER. 3626 RUFFIN ROAD SAN DIEGO, CA 92123

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1125584

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ.
ONE LINCOLN PLACE
1900 GLADES ROAD,SUITE 350
BOCA RATON, FL 33431-0000

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDFINGER, DAVID M.D.
STREET ADDRESS	4362 NORTHLAKE BLVD., STE. 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VD
NAME	KUCHIAK, ANDRES M.D.
STREET ADDRESS	4362 NORTHLAKE BLVD., STE. 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD
NAME	BROWN, GLENNON A M.D.
STREET ADDRESS	4362 NORTHLAKE BLVD., STE. 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	ALVAREZ, RAMON M.D.
STREET ADDRESS	4362 NORTHLAKE BLVD., STE. 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	MARTINEZ, RICARDO L M.D.
STREET ADDRESS	4362 NORTHLAKE BLVD., STE. 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06-80028-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ David Goldfinger, M.D. 3/2/06 (561) 495-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #